

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90339 022 ****50.00

DOCUMENT # L99000005271									
1. Entity Name ASTOR LANDING, L.L.C.									
Principal Place of Business 232 S. DILLARD ST STE 201 WINTER GARDEN, FL 34787			Mailing Address PO BOX 770609 WINTER GARDEN, FL 34777						
2. Principal Place of Business - No P.O. Box # 132 W. Plant St		3. Mailing Address							
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc.							
City & State Winter Garden FL		City & State		4. FEI Number 59-3596603					
Zip 34787		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent BLACKHAM, WILLIAM J 568 WEST SILVER STAR EXT. OCOEE, FL 34761			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">City</td> </tr> <tr> <td style="padding: 2px;">FL Zip Code</td> </tr> </table>			Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL Zip Code
Name									
Street Address (P.O. Box Number is Not Acceptable)									
City									
FL Zip Code									
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____									
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State							
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES						
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLACKHAM, WILLIAM J PO BOX 770609 WINTER GARDEN, FL 34777	<input type="checkbox"/> Delete							
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JUNE, ROHLAND A II PO BOX 770609 WINTER GARDEN, FL 34777	<input type="checkbox"/> Delete							
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete							
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete							
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete							
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete							
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete							
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			SIGNATURE: <u>Rohland A. June</u> <u>4-11-07</u> <u>407.905.880</u>						
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #						